## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000046510

Entity Name: JAMES PHYSICAL THERAPY, INC.

FILED Apr 29, 2010 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1124 NE 5TH AVE

SHADOW WOOD LANE APT#3

FT. LAUDERDALE, FL 33304 US CORAL SPRINGS, FL 33071 US

**New Mailing Address: Current Mailing Address:** 

1124 NE 5TH AVE 9591

APT#3 SHADOW WOOD LANE

FT. LAUDERDALE, FL 33304 US CORAL SPRINGS, FL 33701 US

FEI Number: 20-8859253 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ORNE, JAMES ORNE, JAMES 9591

1124 NE 5TH AVE

APT#3 SHADOW WOOD LN FT. LAUDERDALE, FL 33304 US CORAL SPRINGS, FL 33071 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES ORNE 04/29/2010

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

ORNE, JAMES Name:

9591 SHADOW WOOD LN Address: City-St-Zip: CORAL SPRINGS, FL 33071 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES ORNE PTA 04/29/2010